

Name
in
Full

In Harrison Barber

CERTIFICATE OF DEATH

Died at ^{Town} *Benedict* ^{County} *Charles*

MARYLAND

Date of death 1900 ^{Month} *9* ^{Day} *24* ^{Years} *3* ^{Months} *3* ^{Days}Sex *male* Color or Race *Black* Birth-place *Benedict*Occupation *none* Where Residing if not at place of death *11*Married, Single or Widowed *Single* Name of Wife or Husband *none*Father's Name *Harrison Barber* Father's Birthplace *Choo-co. Md*Mother's Maiden Name *Louise Stewart* Mother's Birthplace *St-marye co. Md*Name of person giving Information *Mary L Barber* How related to deceased *grandmother*

CAUSES OF DEATH

Primary *Cholera infantum* How long *104* *2 weeks*Immediate *Heart failure* How long *1 day*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Geo. H. Chappelard*Address *Hughesville & Register*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Maxmillian Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pigach		County Charles		MARYLAND	
Date of death	1910	Month Sep.	Day 24	Age	Years 2	Months 3	Days
Sex	Male		Color or Race	White		Birth-place	Charles Co. Md.
Occupation				Where residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Maxmillian Bowie					Father's Birthplace	Charles Co. Md.
Mother's Marden Name	Maggie A. Bowie					Mother's Birthplace	" "
Name of person giving information	Maxmillian Bowie					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhthuria		How long	1 week
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Geo. C. Bicknell
	Address			Pigach, Md.	
Accident or Suicide?					

J. A. Southwold

Sub. Reg

Name
in
Full

Charlotte Brent-

CERTIFICATE OF DEATH

Died at ^{Town} <i>Hughesville</i>		^{County} <i>Charles</i>		MARYLAND	
Date of death 19 <i>00</i>	^{Month} <i>9</i>	^{Day} <i>25</i>	Age ^{Years} <i>70</i>	^{Months}	^{Days}
Sex <i>female</i>	Color or Race <i>Black</i>	Birth-place <i>Chas co Md</i>			
Occupation <i>Cook</i>	Where Residing if not at place of death <i>near Benedict Md</i>				
Married, Single or Widowed	Name of Wife or Husband <i>James Brent-</i>				
Father's Name <i>Borny plater</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Mary Dowglass</i>	Mother's Birthplace <i>Md</i>				
Name of person giving Information <i>Julia Douglas</i>	How related to deceased <i>Sister in Law</i>				

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Typhoid fever</i>	How long <i>4 weeks</i>
Immediate <i>Dropsy of heart</i>	How long <i>2 11</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jno. H. Chappel Coar</i>
Accident or Suicide	Address <i>Sub register, Hughesville</i>

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

Died at Pomona, Maryland County Blair MARYLANDDate of death 1900 Sept Month 1 Day Age 10 Years Months DaysSex Female Color or Race Colored Birth-place IndOccupation _____ Where Residing if not at place of death at place of death

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Henry Browner Father's Birthplace IndMother's Maiden Name Josephine Dyer Mother's Birthplace IndName of person giving Information Henry Browner How related to deceased Father

CAUSES OF DEATH

Primary Dysintery How long 3 monthsImmediate Heart Failure How long 2 Hours

Are the name, age, sex, color, date and place correctly given above?

SIGNATURE of Physician

Address

J. P. Marshall
Sub Reg. Pomona

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sequet</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death	<i>19 10</i>	Month	<i>9</i>	Day	<i>5</i>
Age	<i>100</i>	Years		Months	
Sex	<i>male</i>	Color or Race	<i>black</i>	Birth-place	<i>md.</i>
Occupation	<i>Labour</i>		Where Residing if not at place of death <i>md.</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband <i>Elizabeth Brown</i>			
Father's Name	<i>Unknown</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Name of person giving information	<i>Math Colburn</i>		How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>114</i>
Immediate	<i>Cardiac failure</i>	How long	<i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. P. Jamison</i>		
	Address <i>Neopark</i>		
			<i>md.</i>
Accident or Suicide?			



Name
in
Full

A. W. Bunch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Wor Waldorf* ^{Town} *Woods* ^{County} **MARYLAND**

Date of death 19*60* ^{Month} *Sept* ^{Day} *9* Age *60* ^{Years} *—* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Harmon* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Jan Scott*

Father's Name *Madison Bunch* Father's Birthplace *Ind*

Mother's Maiden Name *Harlyne Gules* Mother's Birthplace *Ind*

Name of person giving Information *R. S. Bunch* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Alcoholism* How long *57* *6 months*

Immediate *angiocarditis* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *S. O. Morrow*

Address *Waldorf Ind*

Accident or Suicide *Ind*



Name
in
Full

Joseph Butler Jr.

CERTIFICATE OF DEATH

Died at

Laplaton^{town}

County

Charles

MARYLAND

Date
of death 190

Month

Sept

Day

18th Age

Years

—

Months

1

Days

—

Sex

male

Color or
Race

Colored

Birth-
place

Near Laplaton

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Joseph Butler

Father's
Birthplace

Unknown

Mother's
Maiden Name

Margaret Reed

Mother's
Birthplace

Unknown

Name of person giving
information

Frank McPherson

How related
to deceased

None

CAUSES OF DEATH

Primary

Starvation as his mother
did not nurse it properly

How long

153

Immediate

Unknown

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. A. Fawcett, Sub Reg.

Address

Laplaton Md

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Newcomer		County Chap.		MARYLAND	
Date of death	1910	Month Sept.	Day 24 th	Age	66	Months	Days
Sex	male		Color or Race	Black		Birth- place	md.
Occupation	Shoe maker & repairer -			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Jane Smart Butler			
Father's Name	Thomas Butler				Father's Birthplace	md.	
Mother's Maiden Name	Mary Tubman.				Mother's Birthplace	md.	
Name of person giving in formation	James Butler				How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Paralysis	How long	66 ✓ Three months
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Sam'l S. Speake M.D.
	Address			Grayton md.
Accident or Suicide?				



Name
in
Full

Sylvester Campbell

CERTIFICATE OF DEATH

Died at ^{Town} *Newport* ^{County} *Charles* **MARYLAND**Date of death **19** ^{Month} *Sep.* ^{Day} *3* Age ^{Years} *21* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *B.* Birth-place *Ms. Chas. Co.*Occupation *Farmer* Where Residing if not at place of death *Newport, Ms.*

Married, Single or Widowed _____ Name of Wife or Husband _____

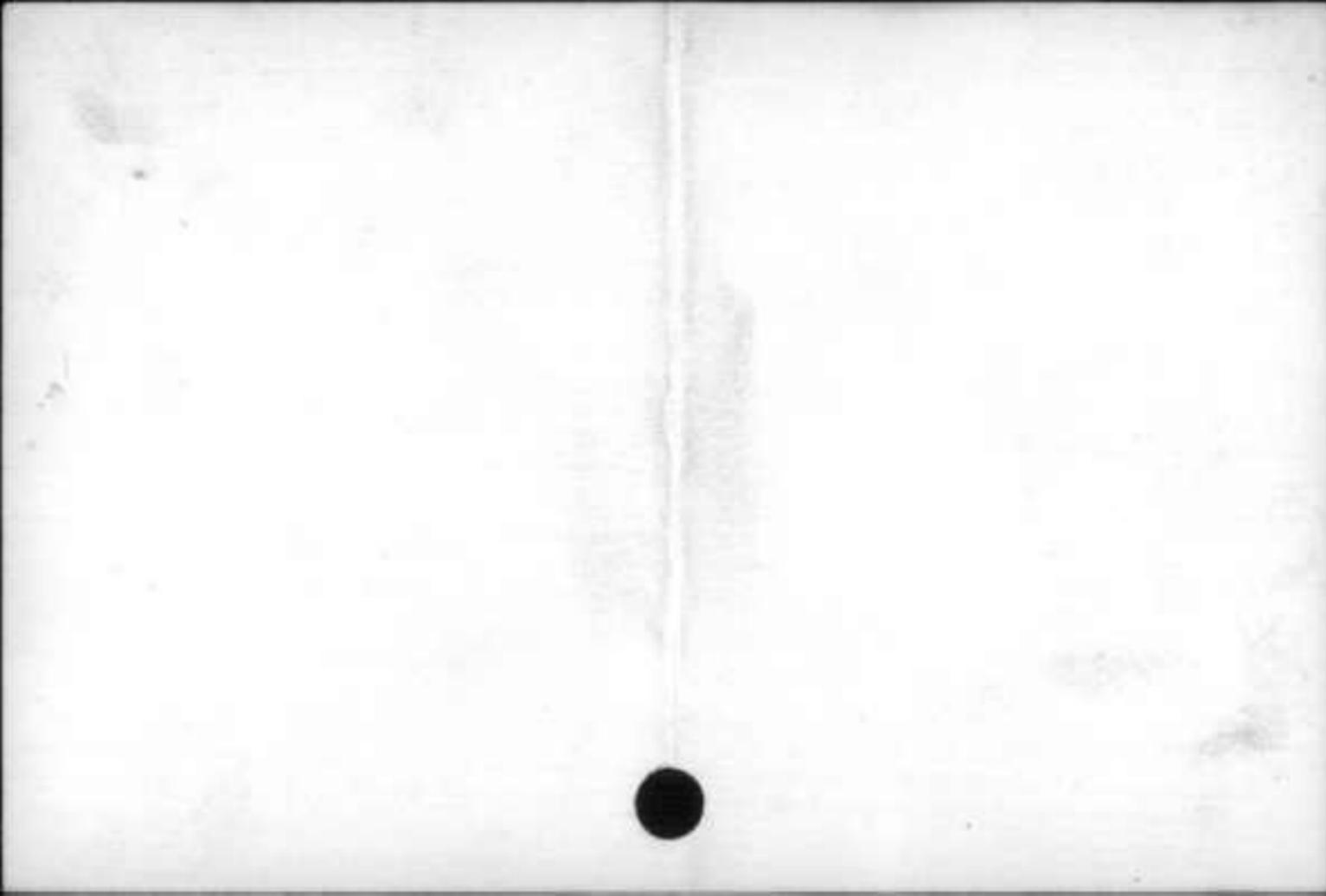
Father's Name *Alexander Campbell* Father's Birthplace *Charles Co.*Mother's Maiden Name *Eddie Campbell* Mother's Birthplace *Charles Co.*Name of person giving Information *Alexander Campbell* How related to deceased *Father*

CAUSES OF DEATH

Primary *Tuberculosis (Lung)* How long *6 months*Immediate *Hemorrhage* How long *1/2 hour*

Are the name, age, sex, color, date and place correctly given above?

*Yes*Signature of Physician *J. B. Jamason,*Address *Newport, Md.*Accident or Suicide *No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mt Vernon

Carroll

CERTIFICATE OF DEATH

Town

County

Died at

Perryman

Howard

MARYLAND

Date

1960

Month

Sept

Day

4

Age

Years

Months

Days

Sex

Female

Color or

Race

Colored

Birth-

place

Perryman Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Joseph S. Carroll

Father's
Birthplace

Perryman Md

Mother's
Maiden Name

Lizzie Taylor

Mother's
Birthplace

White Plains

Name of person giving
Information

J. S. Carroll

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born - (Term 9 months)

How long

Immediate

Time with wife (over)

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

J. W. Mitchell M.D.

Address

Perryman Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Joseph Clinton Carter.

CERTIFICATE OF DEATH

Died at Indian Head, ^{Town}Charles, ^{County}

MARYLAND

Date of death ~~1910~~ 1910 Sept.

Day 7

Age ~~—~~ —

Months 9

Days 28

Sex Male

Color or Race Mulatto.

Birthplace Indian Head, Md.

Occupation None

Where Residing if not at place of death —

Single

Name of Wife or Husband —

Father's Name George French Carter.

Father's Birthplace Pomonkey, Md.

Mother's Maiden Name Mary Edwonia Day.

Mother's Birthplace Indian Head, Md.

Name of person giving information Geo. French Carter.

How related to deceased Father.

CAUSES OF DEATH

104

Primary Chronic Pleocolitis.

How long About four months.

Immediate Exhaustion.

How long One week.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Reynolds Hayden,

Address Naval Proving Ground,

Accident or Suicide? No.

Indian Head, Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In Full

Mary E. Ferguson

CERTIFICATE OF DEATH

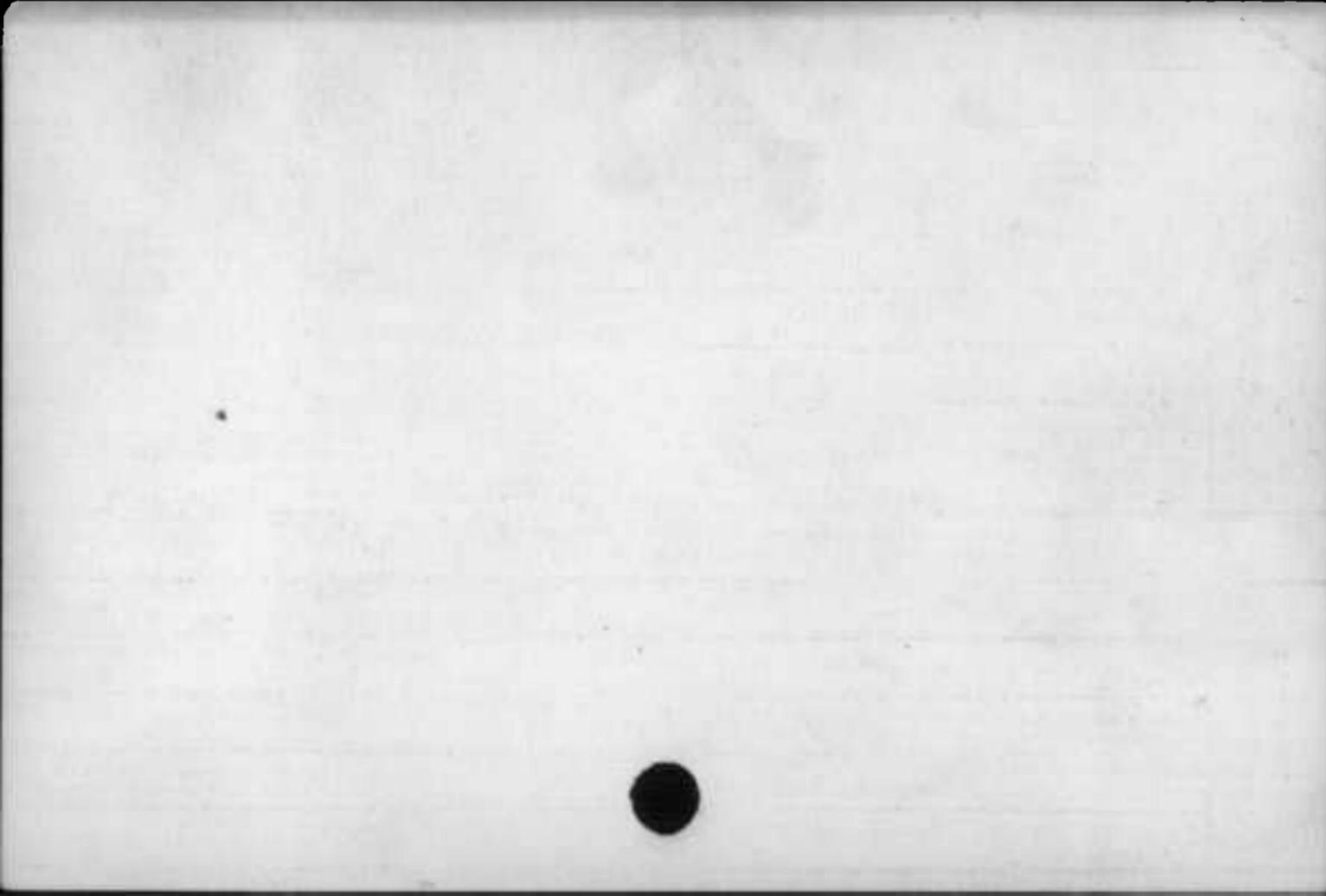
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New South</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death	19 <i>10</i>	Month	<i>9</i>	Day	<i>6</i>	Age	<i>30</i>
Sex	<i>Female</i>	Color or Race	<i>Black</i>		Birth-place	<i>MD</i>	
Occupation	<i>House wife</i>		Where Residing if not at place of death		<i>MD</i>		
Married; Single or Widowed			Name of Wife or Husband		<i>Charles Ferguson</i>		
Father's Name	<i>Arthur Porter</i>		Father's Birthplace		<i>MD</i>		
Mother's Maiden Name	<i>Correlia Green</i>		Mother's Birthplace		<i>MD</i>		
Name of person giving information	<i>Charles Ferguson</i>		How related to deceased		<i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Palague</i>	How long	<i>20</i>
Immediate		How long	<i>8-10 mos.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. L. Hejdos</i>
		Address	<i>Wayside</i>
Accident or Suicide?			



Name
in
Full

Sarah Key

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Bromont</u>		^{County} <u>Char</u>		MARYLAND	
Date of death	19 <u>00</u>	Month <u>Sept</u>	Day <u>5</u>	Age <u> </u>	Years <u> </u>
Sex <u>Female</u>		Color or Race <u>colored</u>		Birth-place <u>Ind</u>	
Occupation <u> </u>			Where Residing if not at place of death <u>at place of death</u>		
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Arley Key</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Sarah Hook</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Caroline Hook</u>			How related to deceased <u>Nunt</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bilientery</u>	How long	<u>104</u>
Immediate	<u>Yes</u>	How long	<u>6 Days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>John P. Marshall</u>
	<u>No</u>	Address	<u>Sub Rex Bromont, Md.</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

Clarissa Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pomeroy		County Charles		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		Sept	13	65	—	—	
Sex		Color or Race		Birthplace			
Female		Colored		Char. Co.			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		James Martin					
Father's Name				Father's Birthplace			
Columbus King				Char. Co.			
Mother's Maiden Name				Mother's Birthplace			
Delia unknown				Char. Co.			
Name of person giving Information				How related to deceased			
Sydney A. Howard				Friend			

CAUSES OF DEATH

2911

PHYSICIAN
OR CORONER

Primary		How long	
Pulmonary Tuberculosis		7 months	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		J. W. Mitchell M.D.	
		Address	
		Pomeroy Ind	
Accident or Suicide		J. P. Hays	
—		Sub. Ref.	



Name
in
Full

Sylvester Gibbons Mattingley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Newport* ^{Town} *Charles* ^{County} **MARYLAND**

Date of death *1940* ^{Month} *9* ^{Day} *24* Age *—* ^{Years} *—* ^{Months} *10* ^{Days} *11*

Sex *Male* Color or Race *White* Birth-place *Newport, Md.*

Occupation *—* Where Residing if not at place of death *Newport, Md.*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *B. B. Mattingley* Father's Birthplace *Md.*

Mother's Maiden Name *Lila G. Gibbons* Mother's Birthplace *Md.*

Name of person giving Information *B. B. Mattingley* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Cholera Infantum; Necrotic. *10 LL*
How long *10 days.*

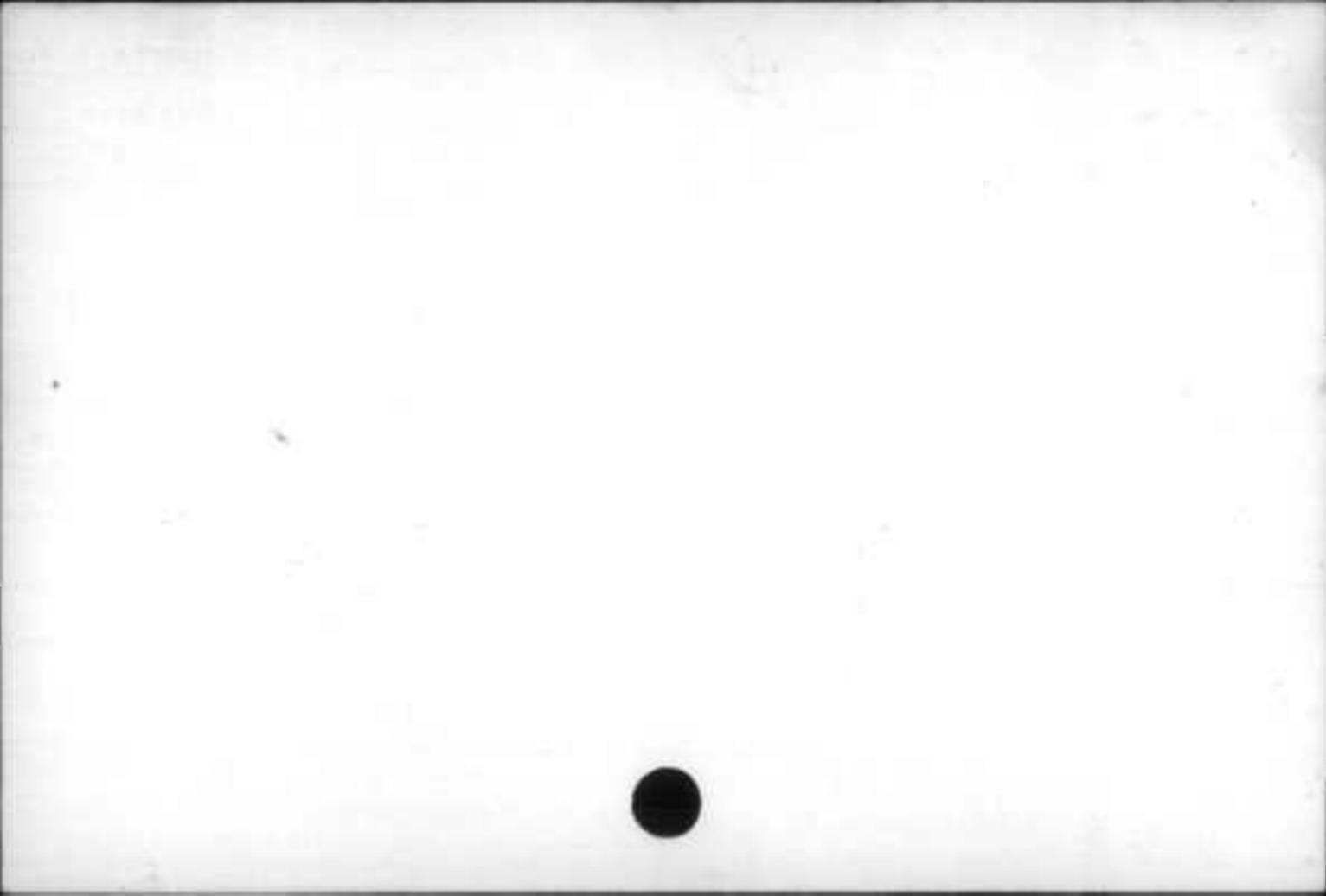
Immediate *Asphyxia; Exhaustion.*
How long *3 hrs.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Francis E. Jameson.*

Address *Newport, Md.*

Accident or Suicide *No.*



Name
in
Full

Mary Rose Montgomery

CERTIFICATE OF DEATH

Died at ^{Town} Hughesville ^{County} Charles MARYLANDDate of death 1960 ^{Month} 9 ^{Day} 10 ^{Age} 65- ^{Years} ^{Months} ^{Days}Sex Female ^{Color or Race} White ^{Birth-place}Occupation housekeeper ^{Where Residing if not at place of death} near HughesvilleMarried, Single or Widowed Single ^{Name of Wife or Husband} had noneFather's Name Francis Montgomery ^{Father's Birthplace} Ches es mdMother's Maiden Name Mary Martin ^{Mother's Birthplace} " " "Name of person giving Information Alice Montgomery ^{How related to deceased} Sister in law

CAUSES OF DEATH

Primary Paralysis ^{How long} 3 yearsImmediate Heart-failure ^{How long} several daysAre the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Ina H. Chappell^{Address} Sup registers Hughesville Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Beulah Patterson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Town</u>		Town		<u>Charles</u>		County		MARYLAND	
Date of death <u>1900</u>		Month <u>9</u>		Day <u>26</u>		Age <u>17</u>		Years	
Sex <u>Female</u>		Color or Race <u>Negro</u>		Birth-place <u>New Town</u>		Months		Days	
Occupation <u>None</u>		Where residing if not at place of death <u>New Town</u>							
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband							
Father's Name <u>Joseph Patterson</u>		Father's Birthplace <u>Mass.</u>							
Mother's Maiden Name <u>Lula Scott</u>		Mother's Birthplace <u>Woodville Prince Georges</u>							
Name of person giving information <u>Lula Patterson</u>		How related to deceased <u>Mother</u>							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Supposed Tuberculosis</u>	How long <u>189</u>
	Immediate <u>General Exhaustion</u>	How long
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. W. Farrall Jr.</u>
Accident or Suicide <u>No</u>		



Name
in
Full

CERTIFICATE OF DEATH

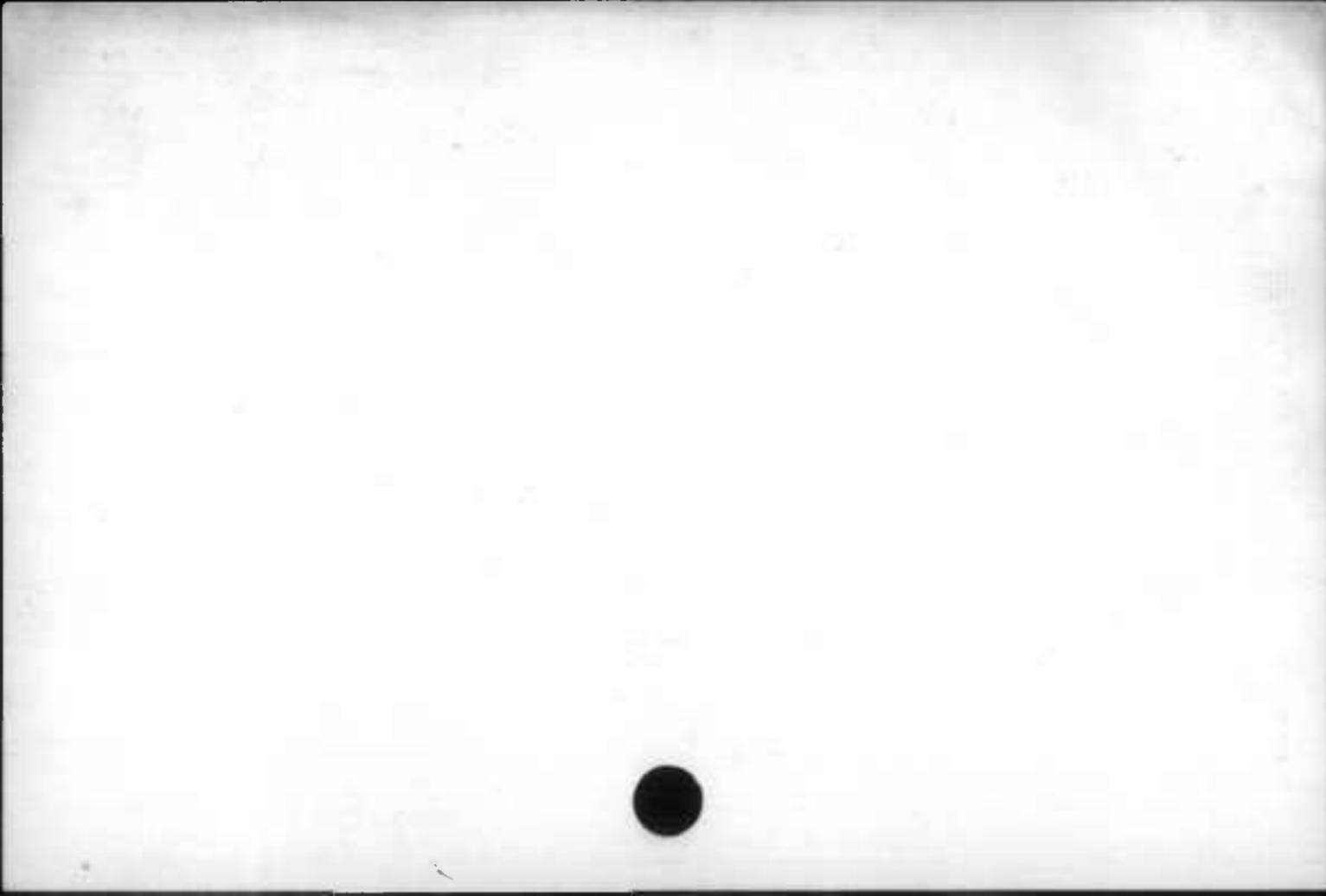
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hughesville</i>		Town		<i>Chas</i>		County		MARYLAND	
Date of death 1900		Month <i>9</i>		Day <i>29</i>		Age <i>83</i>		Years	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>					
Occupation <i>Farming</i>		Where Residing if not at place of death <i>Hughesville Ind</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Pous</i>							
Father's Name <i>do not know</i>		Father's Birthplace <i>Germany</i>							
Mother's Maiden Name <i>do not know</i>		Mother's Birthplace <i>Germany</i>							
Name of person giving information <i>Victor Grabie</i>		How related to deceased <i>Friend</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old-age</i>		How long <i>15 H ✓</i>	
Immediate <i>Heart Failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo A Chappelle</i>	
		Address <i>Sub Registrar</i>	
Accident or Suicide		<i>Hughesville Ind</i>	



Name
in
Full

CERTIFICATE OF DEATH

Adam Rison

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Leross Roads* ^{County} *Chad*

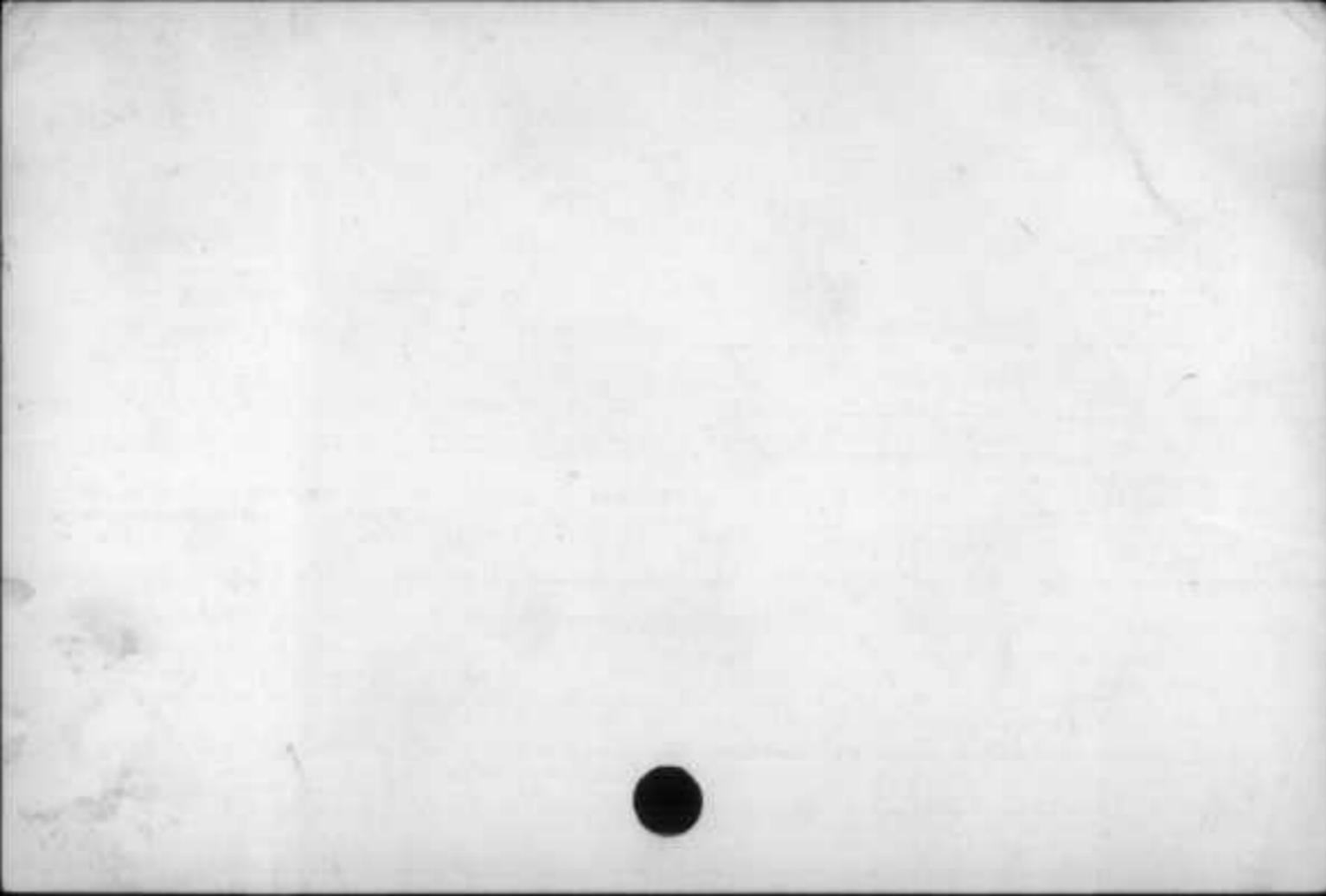
MARYLAND

Date of death 1910 ^{Month} *Sept* ^{Day} *11* ^{Years} *42* ^{Months} *-* ^{Days} *-*Sex *male* Color or Race *white* Birth-place *md*Occupation *Farmer* Where Residing if not at place of death *-*Married, Single or Widowed *married* Name of Wife or Husband *Mattie Madax Rison*Father's Name *John Rison* Father's Birthplace *md*Mother's Maiden Name *Mary Shannon* Mother's Birthplace *md*Name of person giving information *Amos Rison* How related to decedent *brother*

CAUSES OF DEATH

28 ✓PHYSICIAN
OR CORONERPrimary *Tuberculosis* How long *about three*Immediate *years*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *S. H. Beate*Address *Grayton md*

Accident or Suicide?



Name
in Full

Augusta J. Flemman

CERTIFICATE OF DEATH

Died at ^{Town} *Grovesville* ^{County} *Charles*

MARYLAND

Date of death *1914* ^{Month} *9* ^{Day} *6* ^{Years} *48* ^{Months} *—* ^{Days} *—*Sex *female* Color or Race *Black* Birth-place *MD*Occupation *Housewife* Where Residing If not at place of death *MD*Married, Single or Widowed *Widowed* Name of Wife or Husband *Walker J. Flemman*Father's Name *Robert G. Gault* Father's Birthplace *MD*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Walker J. Flemman* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Blood poison* How long *6 days*Immediate *Pneumonia Septicemia* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

J. L. Heston
Wayfield

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

8

Name
in
Full

Andrew Turnbull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>W. Bonchur</u> ^{Town}		<u>Ches</u> ^{County}		MARYLAND	
Date of death	<u>1960</u>	Month	<u>9</u>	Day	<u>4</u>
Age	<u>80</u>	Years	<u>80</u>	Months	<u> </u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth place	<u>York Town Misso.</u>
Occupation	<u>Physician</u>		Where Residing if not at place of death <u>W. Bonchur #2</u>		
Married, Single or Widowed	<u>Widower</u>	Name of Wife or Husband <u>Amanda Steward</u>			
Father's Name	<u>Andrew Turnbull</u>		Father's Birthplace <u>South Carolina</u>		
Mother's Maiden Name	<u>Grady M. Turnbull</u>		Mother's Birthplace <u>" "</u>		
Name of person giving information	<u>Robert J. Turnbull</u>		How related to deceased <u>Son</u>		

CAUSES OF DEATH

(120) ✓

PHYSICIAN
OR CORONER

Primary	<u>Bright Disease</u>	How long	<u>5 yrs</u>
Immediate	<u>Heart Failure</u>	How long	<u>20 minutes</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>None</u>
<u>Filed</u> <u>1910</u>	Address	<u>W. F. Browner</u>	
Accident or Suicide?	<u>Couch's Dub Rev</u>		

City of Providence
Superior Reg. -

3 =

Name in Full		Mary Cashimer Young				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Fredston</u> <small>Town</small>			<u>Charles</u> <small>County</small>		MARYLAND	
	Date of death	<u>19</u> <small>Day</small>	<u>Sept</u> <small>Month</small>	<u>9</u> <small>Year</small>	Age <u>4</u>	Months	Days
	Sex <u>Female</u>		Color or Race <u>African</u>		Birth-place <u>Charles Co</u>		
	Occupation _____			Where Residing if not at place of death _____			
	Married, Single or Widowed _____			Name of Wife or Husband _____			
	Father's Name <u>James Young</u>			Father's Birthplace <u>Charles Co</u>			
	Mother's Maiden Name <u>Elizabeth Hanson</u>			Mother's Birthplace <u>Charles Co</u>			
Name of person giving information <u>James Young</u>			How related to deceased <u>Father</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Typhoid Fever</u>			How long <u>2 weeks</u>			
	Immediate <u>Toxemia</u>			How long <u>1 week</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>E. J. ...</u>			
				Address <u>Pre ...</u>			
Accident or Suicide? _____			 <u>Med</u>				

